



## ACCESSIBLE SERVICES AND THE AMERICANS WITH DISABILITIES ACT

Most individuals who cannot board, ride or get off a regular public transit bus because of a disability are eligible under the Americans with Disabilities Act (the ADA) for paratransit services. Lake Transit provides accessible door-to-door paratransit throughout its service area. These services are Dial-A-Ride in Clearlake, Lakeport, and Lower Lake; and "Flex Stop" service to locations within one mile of any regional bus route.

For riders using a wheelchair, walker, crutches or those who have difficulty climbing entry steps, all buses have platform lifts with handrails to lift the rider on and off the bus. Assistance is available just by asking the driver. Courtesy seating and wheelchair spaces with securement devices are available on the bus for a safe and secure ride.

All lifts will accommodate wheelchairs that weigh up to 600 lbs. (with passenger) and will fit on a platform measuring 48.5" long and 31" wide. Lake Transit cannot guarantee service if a mobility device exceeds these dimensions, and you may be stranded at a bus stop or transfer point if you attempt to use a larger device.

Passengers who have disabilities receive discount fare pricing by showing any of the following identification cards: the Lake Transit ADA Paratransit Certification Card, the federal Medicare I.D. Card, or the California Department of Motor Vehicles Disabled Person or Disabled Veteran I.D. Card.

If you believe that you may be eligible, please complete the enclosed Application for ADA Paratransit Eligibility and return it to the address given. We will respond within 21 days of receipt.

For more information, please call 995-3330.

Lake Links  
P.O. Box 3001  
Clearlake, CA 95422



## APPLICATION FOR ADA PARATRANSIT ELIGIBILITY

The information obtained in this certification process will be kept strictly confidential. The questions are designed to assist in determining your functional abilities. It is possible that, after review of your application, you may be asked to provide additional information. This may require a telephone or personal interview.

1. Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Telephone Number (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

4. Date of Birth \_\_\_/\_\_\_/\_\_\_

5. What is the disability which prevents you from using our fixed route service?

\_\_\_\_\_  
\_\_\_\_\_

Is this condition temporary?  Yes  No

If yes, please indicate the expected recovery date: \_\_\_/\_\_\_/\_\_\_

6. Please briefly describe how your disability prevents you from using the fixed route system.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Are there any other effects of your disability of which we need to be aware?

\_\_\_\_\_  
\_\_\_\_\_

8. Do you use any of the following aids to mobility? (Check all that apply)

- Manual wheelchair
- Electric wheelchair
- Powered scooter
- Cane
- Crutches
- Guide dog
- Other \_\_\_\_\_

9. Do you require a Personal Care Attendant when you travel using transit?

- Yes
- No

10. Are you able to complete any of your travel needs on the fixed route system?

- Yes (If yes, please explain; if your answer is yes, this will not effect your chances of becoming eligible for ADA paratransit service).

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- No

11. For planning purposes only, please answer the following:

- I expect to use paratransit services approximately \_\_\_\_\_ days per month.
- Most of my trips will be between \_\_\_\_\_ and \_\_\_\_\_  
City or Community Name      City or Community Name

12. I hereby certify that the information given above is correct.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

If this application has been completed by someone other than the person requesting certification, that person must complete the following:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

In order to allow Lake Transit Authority to evaluate your application, it may be necessary to contact a professional familiar with your functional abilities to use public transit. Please complete the following information and authorization form.

I authorize the professional(s), listed below, to provide any information required to complete this certification. The information released will be used solely to determine my eligibility and I realize that I have a right to receive a copy of this information. I understand that I may revoke this authorization at any time.

Applicant's signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name (*physician or case worker*) \_\_\_\_\_

Agency Name (*if applicable*) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Alternate:**

Name (*physician or case worker*) \_\_\_\_\_

Agency Name (*if applicable*) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please mail your complete application to:

**Lake Links  
PO Box 3001  
Clearlake, CA 95422**